

# MOTOR VEHICLE INVENTORY REPORT

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| YEAR 02 MAKE NISS BODY STYLE L/L COLOR SIL VIN [REDACTED]  |                                   | STATE LICENSE NUMBER [REDACTED] IL MO/YR. EXP 04/12 PLATES 2  |   |
| ODOMETER READING   |                                   | CITY LICENSE NO. [REDACTED] CITY CHICAGO MO/YR. EXP 06/12   |   |
| PROPERTY INVENTORY NO. [REDACTED]  | UNIT                              | ARRIVED AT POUND Day 09 Mo. Oct Yr. 11  | RECOVERED FROM Beat 12 Address 1000 W MAXWELL |
| RECOVERED BY - NAME  | STAR NO. 6332 UNIT                | OWNER'S NAME  | HOME TELEPHONE                                |
| NAME OF DRIVER   | TRUCK NO. 9                       | OWNER'S ADDRESS   |   |
| ENTERED INTO COMPUTER BY [REDACTED]  | DELETED BY                        | TIME RECEIVED 06:41:17  |   |
| POST TOW HEARING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | DATE OF HEARING (DAY - MO. - YR.) | REASON TOWED HIT & RUN  | YARD LOCATION Drop                            |
| <b>EXTERIOR</b><br>NO YES<br>DOORS LOCKED <input checked="" type="checkbox"/> <input type="checkbox"/><br>EXTERIOR DAMAGED <input type="checkbox"/> <input checked="" type="checkbox"/> (Explain in Remarks)<br>GLASS BROKEN <input checked="" type="checkbox"/> <input type="checkbox"/> (Explain in Remarks)<br>HUB CAPS MISSING <input checked="" type="checkbox"/> <input type="checkbox"/> No. 0<br>TIRES MISSING <input checked="" type="checkbox"/> <input type="checkbox"/> No. 0<br>APPARENT TIRE SWITCH <input checked="" type="checkbox"/> <input type="checkbox"/> No. 0<br>WHEELS MISSING <input checked="" type="checkbox"/> <input type="checkbox"/> No. 0<br>SUN ROOF MISSING <input checked="" type="checkbox"/> <input type="checkbox"/> D.N.A.<br>1-TOP MISSING <input checked="" type="checkbox"/> <input type="checkbox"/> D.N.A.<br>OTHER - SPECIFY<br>TRUNK LOCKED <input type="checkbox"/> <input checked="" type="checkbox"/><br>TRUNK LOCK PUNCHED <input checked="" type="checkbox"/> <input type="checkbox"/><br>SPARE TIRE IN VEHICLE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Unknown<br>TOOLS IN VEHICLE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Unknown<br>OTHER - SPECIFY  |                                   | <b>ENGINE COMPARTMENT</b><br>YES NO<br>ENGINE MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>BATTERIES MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>CARBURETOR MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>ALTERNATOR / GENERATOR MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>AIR CLEANER MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>RADIATOR MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>TRANSMISSION MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>AIR CONDITIONING COMPRESSOR MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>OTHER - SPECIFY<br>PATHFINDER |   |
| <b>INTERIOR</b><br>NO YES<br>KEYS IN CAR <input checked="" type="checkbox"/> <input type="checkbox"/> No. _____<br>IGNITION DAMAGED/PULLED <input checked="" type="checkbox"/> <input type="checkbox"/><br>SEATS MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>CUSHIONS MISSING <input checked="" type="checkbox"/> <input type="checkbox"/> No. 0<br>REAR CUSHION PULLED <input checked="" type="checkbox"/> <input type="checkbox"/><br>CUSHION PULLED <input type="checkbox"/> <input type="checkbox"/><br>RADIO MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>CD PLAYER MISSING <input type="checkbox"/> <input checked="" type="checkbox"/><br>TAPE PLAYER IN CAR <input checked="" type="checkbox"/> <input type="checkbox"/><br>TV /DVD IN CAR <input checked="" type="checkbox"/> <input type="checkbox"/><br>DASHBOARD DMGD / MISSING <input checked="" type="checkbox"/> <input type="checkbox"/><br>LAPTOP IN CAR <input checked="" type="checkbox"/> <input type="checkbox"/><br>CELLULAR PHONE IN CAR <input checked="" type="checkbox"/> <input type="checkbox"/><br>GPS UNIT IN CAR <input checked="" type="checkbox"/> <input type="checkbox"/><br>MP3 PLAYER IN CAR <input checked="" type="checkbox"/> <input type="checkbox"/><br>PDA IN CAR <input checked="" type="checkbox"/> <input type="checkbox"/><br>OTHER -SPECIFY |                                   | INVENTORIED BY (Print Name) EIS1  |   |
| <b>STOLEN VEHICLE OWNER NOTIFICATION</b><br><input type="checkbox"/> DRIVABLE <input checked="" type="checkbox"/> NOT DRIVABLE R.D. NO. [REDACTED]<br>DATE NOTIFIED BY PHONE TIME PERSON NOTIFIED NOTIFIED BY - NAME - STAR / EMPLOYEE NUMBER  |                                   | LOCAL OR FOREIGN STEAL  |   |
| <b>TRANSFER OF VEHICLE</b><br>DATE TRANSFERRED CHARGES FROM TO RECEIVED BY - NAME - STAR/EMPLOYEE NO.  |                                   |   |   |
| <b>REMARKS</b><br>SPECIFY/DESCRIBE MISSING OR DAMAGED DOORS, FENDERS, HOOD, BUMPERS, ETC.<br>DS-Front Fndr Dmgd, DS-Front Door Dmgd, DS-Rear Door Dmgd, DS-Rear Fndr Dmgd, DS-Side Glass Broken, DS-Side Mirror Broken, BS-Trunk Scrtchd, BS-Bumpr Scrtchd, PS-Front Fndr Dmgd, PS-Front Door Scrtchd, PS-Rear Door Dented, PS-Rear Fndr Dented, PS-Hood Scrtchd, PS-Bumpr Dmgd, PS-Right Light Broken   |                                   |   |   |
| <b>DISPOSITION OF VEH. To be completed after VEH. is sold or released</b><br><input type="checkbox"/> SOLD DATE SOLD PURCHASER NAME ADDRESS<br><input checked="" type="checkbox"/> RELEASED [REDACTED] [REDACTED]<br>IDENTIFICATION USED FOR RELEASE 72 E Rlg [REDACTED] AMOUNT \$ 270-<br>START/EMPLOYEE NO. DATE RELEASED 10/15/11 TIME  |                                   |   |   |
| Stolen Auto Check DATE MADE MADE BY - NAME C-162 SECRETARY OF STATE CHECK MADE BY - NAME   |                                   | 900711 A  |   |

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